

FAMILY PLANNING ASSESSMENT RECORD

Patient Name: _____ Medicaid No.: _____ Age: _____
 Date of Service: _____ Type of service: Initial _____ Annual _____ Implant Phy.Exam with Counseling _____

FAMILY HISTORY

(Code Member Having Disease)

(Code: F--Father, M--Mother, S--Sibling, GP--Grandparent, O--Other)

Heart disease _____	Diabetes _____	Blood problem/disease _____	Tuberculosis _____	Foster care _____
Stroke _____	Cancer _____	Nerve/mental problem _____	Birth defects _____	Other _____
Asthma _____	High BP _____	Alcohol/drug abuse _____	Mental Retardation _____	

MEDICAL/SURGICAL/OB-GYN HISTORY

(Code: 0=Negative, +=Positive - Detail positive answers)

Diabetes _____	Epilepsy _____	Tobacco Use _____	Mental _____	Abortions _____
Hypertension _____	Hepatitis _____	Phlebitis _____	GYN Surgery _____	Stillbirths _____
Heart Disease _____	TB _____	Asthma _____	Gravida _____	Medications _____
Kidney Disease _____	Thyroid _____	Allergies _____	Para _____	Other _____

Major Operations: Year & Type: _____

MENSTRUAL/CONTRACEPTIVE HISTORY:

Previous Contraceptive Method: _____
 Problems with method: _____
 LMP: _____
 Menses: _____

LAB SERVICES

VDRL: _____ Pregnancy Test: _____
 GC: _____ Urine check: S: _____
 Pap Smear: _____ A: _____
 H or H: _____ Other: _____

SYSTEM	NORMAL	ABNORMAL	DESCRIBE ABNORMALS
General Appearance			
Skin			
Eyes			
ENT			
Head/Neck/Thyroid			
Nodes			
Heart			
Lungs			
Breasts			
Abdomen			
Extremities			
External Genitalia			
Glands			
Vagina			
Cervix			
Uterus Size/Shape			
Adnexa			
Recto/Vaginal			
Rectum			

NOTE: ONE OF THE TWO COUNSELING SECTIONS BELOW MUST BE COMPLETED

Family Planning Counseling Using PT + 3 Teaching Method (Initial Here): _____
OR

Alternative Family Planning Counseling (Initial Each Blank Below As Completed):

Reproductive anatomy/physiology _____	Contraceptive methods & effectiveness _____
Side effects/dangers _____	How to use chosen method _____
Contracep. literature (Fact sheet) given: _____	# given to call for prob/emergency _____

SUPPLIES: _____ PRESCRIPTION: _____

NEXT APPOINTMENT: _____ SIGNATURE/TITLE: _____